

MEMORANDUM FOR _____ (Supervisor)

SUBJECT: Request to Establish a Tour of Duty

Under the provisions of the OIG, DoD, Alternative Work Schedules Program, I hereby request approval to work the following schedule:

_____ **Standard Schedule:** 8:00 a.m. to 4:30 p.m. daily, Monday through Friday, with a daily unpaid lunch period. I understand that I will not be permitted to earn or use credit hours.

_____ **Flexitour:** 8 hours/day, 40 hours/week, Monday through Friday; a daily unpaid lunch period; **fixed** start time of not earlier than 6:30 a.m. and a **fixed** stop time of not later than 6:00 p.m.; and covering the mandatory core hours of 9:00 a.m. through 3:00 p.m.

Daily Starting Time: _____ Daily Quitting Time: _____

_____ **Gliding Schedule:** 8 hours/day, 40 hours/week, Monday through Friday; a daily unpaid lunch period; gliding start time of not earlier than 6:30 a.m. and a gliding stop time of not later than 6:00 p.m.; and covering the mandatory core hours of 9:00 a.m. through 3:00 p.m.

Daily Gliding Starting Time:

Between the hours of _____ a.m. and _____ a.m.

Daily Gliding Quitting Time:

Between the hours of _____ p.m. and _____ p.m.

_____ **5/4-9 Compressed Work Schedule:** In a biweekly pay period with nine workdays and one scheduled day off falling on Mondays through Fridays, will work eight 9-hour workdays and one 8-hour workday with a daily unpaid lunch period; **fixed** start time of not earlier than 6:30 a.m. and a **fixed** stop time of not later than 6:00 p.m.; and covering the mandatory core hours of 9:00 a.m. through 3:00 p.m. I understand that I will not be permitted to earn or use credit hours.

For eight 9-hour days: Starting Time: _____ Quitting Time: _____

For one 8-hour workday: Starting Time: _____ Quitting Time: _____

8-hour workday will be _____ of the first or second (circle one) week of a biweekly pay period. (Day of the Week)

Biweekly day off will be _____ of the first or second (circle one) week of a biweekly pay period. (Day of the Week)

I have read IG Regulation 1400.610, "*Alternative Work Schedules Program*," and understand my obligations and responsibilities under the Program. I understand that the Program is a privilege, not an entitlement, and that my privileges under the Program may be modified, denied or restricted to ensure efficient and effective accomplishment of mission requirements or if I do not comply with my obligations and responsibilities under the Program.

_____ (Employee Signature) _____ (Date)

Management's certification of employee's Alternative Work Schedules request:

Approved / Disapproved (Circle one). Approved plan will be effective with the pay period beginning on _____.

_____ (Approving Authority) _____ (Date)